



Please type a plus sign (+) inside this box +

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. END-887CIP	
		First Inventor: Kevin D II et al. Title: SURGICAL STAPLING INSTRUMENT HAVING A SINGLE LOCKOUT MECHANISM FOR PREVENTION OF FIRING	
		I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231. Name: <u><i>Kimberly M. Moses</i></u> Date: <u>10-15-03</u>	
		Express Mail Label No. EU528711741US	
(only for new nonprovisional applications under 37 CFR 1.53(b))			
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, Mail Stop Patent Applications Alexandria, VA 22313-1450	
<div style="border: 1px solid black; padding: 5px; width: 100px; float: left; transform: rotate(-90deg); transform-origin: left top; white-space: nowrap;">The PTO did not receive the following listed item(s) Spec page 2-21 missing</div> <div style="clear: both;"></div> <ol style="list-style-type: none">1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)2. <input type="checkbox"/> Applicant claims small entity status.3. <input checked="" type="checkbox"/> Specification [Total Pages 48] (Preferred arrangement set forth below)<ul style="list-style-type: none">- Descriptive Title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 27]5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 4]<ol style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly Un-executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		<ol style="list-style-type: none">7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ol style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. <input type="checkbox"/> Specification Sequence Listing on:<ol style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies <div style="text-align: center;">ACCOMPANYING APPLICATION PARTS</div> <ol style="list-style-type: none">9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)11. <input type="checkbox"/> English Translation Document (if applicable)12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations13. <input type="checkbox"/> Preliminary Amendment14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification	
<div style="float: right; text-align: center;">22388 U.S. PTO 10/687503 </div> <div style="clear: both;"></div> <p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 10/441,424 filed May 20, 2003 Prior application information: Examiner _____ Group Art Unit: 3721 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input checked="" type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
20. TELEPHONE CONTACT: Dean L. Garner, Esq. Please direct all telephone calls or faxes to: Telephone: (513) 337-8559 Fax: (513) 337-8489			
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME		Reg. No. 35,877	
<div style="border: 1px solid black; padding: 5px; text-align: center;"></div>		Date: October 15, 2003	

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	Oct ber 15, 2003
	First Named Inventor	K vin Doll et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	END-887CIP

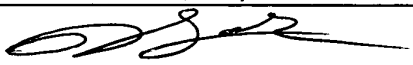
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$ 770.00
TOTAL CLAIMS	20 - 22	2	x 18.00	\$ 36.00
INDEPENDENT CLAIMS	3 - 3	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$806.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750END-887CIP/DLG in the amount of \$806.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-887CIP/DLG. **This is form is submitted with one original and two copies.**

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Dean L. Garner, Esq.	Reg. No. 35,877
Signature		Deposit Account No. 10-0750
	Date: October 15, 2003	